

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
Alexandria, Virginia 22313-1450
Fax (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee nonneauor	E ATTURENT INGS LEMBOR TRAFF	en will any constitute or use Ri	ek II	Note: A certificat	of mailing can only be used for	or domestic mailings of the	
CORRESPONDENCE ADDRESS (Note: Legishy trank-up with any contentions of use Block 1) 7590 07/28/2003				Note: A certificate of mailing can only be used for domestic mailings of the fee(s) Transmittal. This certificate cannot be used for any other			
Nicola A Pisano			accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
LUCE FORWARD HAMILTON & SCRIPPS LLP					Certificate of Mailing or Transmission		
11988 El Camino Real				I hereby certify that this Feefs) Transmittal is being deposited with the			
Suite 200				United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile			
San Diego, CA 921	transmitted to the USPTO, on the date indicated below.						
	SEP 0 6 2003	, 5)		Amy K. V	Vilson	(Depositor's name)	
	12	<u>.</u>	(}	AMA	K Will Son	(Signature)	
	(3)	erc.	. <i>I</i> f	4	0/5/05	(Date)	
APPLICATION NO.	FIDSOPORTE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/909,729	07/19/2001 Mark C. Bates				AMS-008	2447	
•		ING EMBOLI FROM SA		GRAFTS AND N	ATIVE CORONARY ARTER	IES	
TITLE OF INVENTION: CATHETER FOR REMOVING EMBOLI FROM SAPHENOUS VEIN GRAFTS AND NATIVE CORONARY ARTERIES							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$650		\$300	\$950	10/28/2003	
		ARRIBHE	CLASS SIDGLASS				
EXAMINER ACCURATE A		ART UNIT	CLASS-SUBCLASS 604-103070				
MENDEZ, MANUEL A 3763 604-103070							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys. Luce, Forward,							
CFR i.363). the names of up to 3 registered paten or agents OR, alternatively, (2) the						roiwaru,	
Address form PTO/SB/122) attached.				(having as a member a registered , Hamilton & Scripps			
attorney or age				ent) and the names of up to 2 it attorneys or agents. If no name Nicola A. Pisano			
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.					3		
	DEPUDENCE DATA TO	DE DENITED ON THE	DA TENT (print or	hme)	· · · · · · · · · · · · · · · · · · ·		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless on assignee is identified below, no assignee data will appear on the patent, inclusion of assignee data is only appropriate when an assignment has							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Arteria Medical Science, Inc. San Francisco, California							
Please check the appropriate assignee category or categories (will not be printed on the patent) 🔾 individual 💆 corporation or other private group entity 🔾 government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
I issue Fee 20 A check in the amount of the fee(s) is enclosed.							
Publication Fee Propagation Fee							
Q Advance Order • # of Copies							
Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.							
(Authorized Signature)	111.	(Date)					
· Level la	frans	9/5/	03	09/10/20	03 ABELETES 00000028 09	:08070B	
NOTE, The Issue Fee and Publication Fee (if required) will not be accepted from anyone						303/53	
other than the applicant; a registered attorney or agent; or the assignee or other party is interest as shown by the records of the United States Patent and Trademark Office.				01 FC:256 02 FC:156)1 }4	650.00 OP	
This collection of information is required by 37 CFR 1.311. The information is required to					•	300.00 db	
obtain or retain a benefit by the public which is to file (and by the USPTO to process) an							
application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual							
case. Any comments on the amount of time you require to complete this form and/or							
case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, Alexandria, Virginia 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.							
22313-1450. DO NOT SEND TO: Commissioner	SEND FEES OR COMP for Patents, Alexandria, V	LETED FORMS TO TH	IS ADDRESS.				
•	eduction Act of 1995, m	-		•			
callection of information .	onless is displaye a valid O	MD control number					

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (REV. 05-03) Approved for use through 04/30/2004, OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE